

## Capturing the Training Needs of Direct Care Workers

**A**mong the many factors contributing to the high levels of job dissatisfaction and high turnover rates of direct care workers are poor orientation and lack of on-going training. Direct care workers, such as nursing assistants and home health aides, are often asked to take care of clients and residents without enough training and education to do so.

Several studies document this finding. In one, 300 nursing assistants identified poor or non-existent orientation and training as a key factor in job dissatisfaction (Noelker & Ejaz, 2001). Other studies have found that direct care workers were not the only long-term care staff who cited the lack of training as a problem. Supervisors also reported a lack of training in supervising and managing poorly trained direct care workers (Ejaz, F.K., Noelker, L.S., 2001).

Drs. Farida Ejaz and Linda Noelker at the Margaret Blenkner Research Institute, Benjamin Rose decided to expand on these previous studies in their applied research and evaluation grant from Better Jobs Better Care (BJBC). In this project, Benjamin Rose is surveying both direct care workers and their supervisors from a spectrum of long-term care agencies, i.e., nursing homes, assisted living facilities and home health agencies. As part of the study, researchers are asking direct care workers about three

types of training; their initial training to become direct care workers, their orientation training to the particular long-term care provider and their continuing education.

The study uses a conceptual model that examines how on- and off-the-job stress (including inadequate training) contributes to job dissatisfaction and turnover. Data are also being collected from administrative staff to understand whether management practices like peer mentoring, adequate

benefits and racial congruence between workers and clients/residents offset direct care workers' job dissatisfaction and stress.

As part of their research grant, Benjamin Rose is collaborating with two

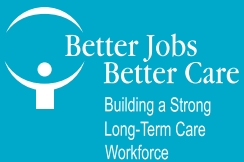
Ohio initiatives working on direct care worker issues, the Health Care Workforce Initiative in the Ohio Department of Aging and the Long Term Care Workforce Initiative of Cuyahoga County's Senior Success Vision Council. This collaboration will help ensure that the research findings are incorporated into initiatives seeking to improve the training and education of direct care workers at both the state and local levels.

### Study Design

The researchers' goal is to survey approximately 500 frontline workers and 150 supervisors in 26 nursing homes, 13 assist-



Left to right: Justin Johnson, Research Assistant; Dr. Linda Noelker, Co-Principal Investigator; Kathleen Fox, Project Coordinator; Dr. Farida Ejaz, Principal Investigator; Heather Menne, Research Analyst. Missing from the photo is Dorothy Schur, research analyst, who retired at the end of September.



A national program funded by The Robert Wood Johnson Foundation and The Atlantic Philanthropies, directed and managed by the Institute for the Future of Aging Services, American Association of Homes and Services for the Aging (AAHSA), in partnership with the Paraprofessional Healthcare Institute.

## BJBC's Loss is Mathematica's Gain



**T**he irony of working on a national program to improve retention in the workplace is that all organizations sometimes experience turnover! It is with some sadness that I announce the resignation of Debra Lipson as deputy director of the

Better Jobs Better Care (BJBC) National Program Office in the Institute of the Future of Aging Services (IFAS), the American Association of Homes and Services for the Aging (AAHSA).

Debra joined IFAS in 2002 and has been instrumental in the growth and development of the 4-year, \$15.5 million BJBC National Program Initiative funded by the Robert Wood Johnson Foundation and Atlantic Philanthropies. BJBC is the first national research and demonstration program designed to achieve changes in long-term care policy and practice that help reduce high vacancy and turnover rates among direct care staff across the spectrum of long-term care settings and improve workforce quality. Debra helped to launch this multidimensional effort and was

really the “mother” of this program for the past three years. She skillfully guided and nurtured the grants into the thriving and exciting projects they have become.

We will all miss her—our demonstration and research grantees, the IFAS and AAHSA staff and most certainly, me. She was much more than a deputy—she was my “partner in crime” in getting this workforce issue on the national agenda. In addition to managing BJBC, Debra was the “research resource” for the International Association of Homes and Services for the Aging (IAHSA) and was informally known as the IAHSA director of research.

This is, however, an example of positive turnover! Starting in mid-October, Debra will be a researcher at Mathematica Policy Research, Inc., a nonpartisan firm that conducts policy research and surveys for federal and state governments, foundations and private-sector clients. We wish Debra the best and look forward to partnering with her on evidence-based research activities related to workforce development and aging services.

*Robyn Stone*

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ed living facilities and 8 home care agencies in a five-county area of Ohio (Cuyahoga, Geauga, Lake, Lorain and Medina). This area was chosen for its mix of inner city, urban, suburban and rural areas. It also is home to about 20 percent of Ohio's older adults and 30 percent of Ohio's minority older adults. It is expected that the project will have a good mix of minority and non-minority organizations. (An organization is considered to be “minority” when 55 percent or more of both the direct care workers *and* clients or residents served are African American or other minorities).

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Better Jobs Better Care's goal is to achieve changes in long-term care policy and practice that help reduce high vacancy and turnover rates among direct care staff across the spectrum of long-term care settings and contribute to improved workforce quality.

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# Matching Direct Care Workers With the Families Who Need Them

**W**hen families are suddenly faced with providing care for a loved one at home, patching together a system of care can be overwhelming. A dozen decisions need to be made, seemingly, all at once. Will family and friends be able to provide the care themselves or will they need to hire someone to help out? Where do they find these workers and how will they know if they are qualified to do the job?

The people who help bring families together with providers of direct care services say they are having an easier time finding good matches using carefully structured and thorough databases, also known as registries. These new web-based databases differ from traditional certified nursing assistant (CNA) registries. While each state is required by federal law to maintain the traditional registries, the new registries are designed specifically to help families recruit and hire support staff.

In some states, these databases link agency providers with direct care workers seeking employment. In others, they directly link consumer-employers (families) with individual providers (direct care workers). Some do both. In each case, the goal is to take as much of the guesswork as possible out of finding employers and employees who are suited to each other's needs and abilities, thereby reducing turnover and improving the quality of support services.

California has been using county-based registries for more than 30 years. Other states are beginning to follow California's lead. For example, Iowa's governor, Tom Vilsack, issued an executive order in July calling for expanded home and community-based services for elders and people with disabilities. The order includes a call "to examine the desirability of establishing a registry of individual providers." Discussions are just beginning on how to set up such a registry, says Di Findley, executive director of the Iowa Caregivers Association (ICA), but they will be in the context of the work that ICA has been doing with the state,

with grant support from Better Jobs Better Care. This work includes expanding its CNA registry to include the full range of direct caregivers. ICA sees the expansion of the CNA registry to a "direct-care worker registry" as one means of professionalizing caregiving.

Washington's registry became operational in six counties in January 2005. In June, the state published new regulations that define terms such as "consumer employer," "consumer representative" and "individual provider," says Mindy Schaffner, executive director of the state Home Care Quality Authority (HCQA), to help consumers and personal assistants take advantage of the referral registry.

“While each state is required by federal law to maintain the traditional registries, the new registries are designed specifically to help families recruit and hire support staff.”



Now operating in nine counties, the registry is technologically sophisticated and easy to use. As a result, both Michigan and Oregon have expressed interest in adapting Washington's model, Schaffner says.

## How Registries Work

A consumer and an individual provider in Washington say the registry has worked well for them. A local Referral and Workforce Resource Center manages the registry in each service delivery area. According to Christen Bornkamp, a direct care worker in Everett, Wash., the local office has been helpful in matching her with appropriate clients. The office also provides training, including peer mentoring, she says.

Trying to find work on your own can be much harder, Bornkamp says. "It's harder to

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### Capturing Training Needs, continued from page 2 Preliminary Survey Findings

As of September 2005, 47 facilities have been recruited. Preliminary data from 211 nursing assistants working in nursing homes is already demonstrating the extent of unmet training needs.

Regarding their initial training, 26 percent of the nurse assistants reported that the initial training did not include information on handling residents who act out or are abusive. Thirty-nine (39) percent were not trained in how to organize tasks so that everything gets done on time, and only 54 percent felt that the initial training they received made them well prepared for their job.

“ Only 54 percent of nursing assistants felt that the initial training they received made them well-prepared for their job. ”

The nursing assistants also reported problems with continuing education and training. While 54 percent reported that the continuing education they received was very useful in helping them do a better job, 30 percent reported receiving no education on how to solve problems at work. Forty-five (45) percent reported they had not received any continuing education or training on organizing work tasks.

Many direct care workers often speak about the absence of adequate training in caring for people with dementia or mental health disorders. The Benjamin Rose researchers found a similar trend with the nursing assistants they surveyed. Eight (8) percent reported not receiving any continuing education on caring for residents with dementia. In addition, only 56 percent of the nursing assistants reported that the training they received on working with residents who act out or are abusive was very helpful. Thirty-five (35) percent of the nursing assistants didn't receive any continuing education on caring for residents with mental illnesses such as depression or anxiety disorders.

Twenty-four (24) percent didn't receive any continuing education on how to deal with difficult residents.

Finally, the nursing assistants had an overwhelming preference (94 percent) for how they would like to receive their continuing education – through interactive learning with other nursing assistants. In addition, 78 percent wanted printed materials they could read on their own, and 77 percent preferred to have more frequent, shorter sessions.

### Several Themes Emerging

The nursing assistants were also asked several open-ended questions on their recommendations for the three different types of training. From preliminary analysis of these responses, Benjamin Rose researchers noted the emergence of several themes. Here are the themes they found, with several comments from the responders.

#### On initial training:

- Training should be longer, more comprehensive and with more “hands on” instruction.
- Teamwork should be stressed.  
*“...Spend time learning how to handle situations involving mental health issues. More consistency with training is needed so that when people come together to work they are all on the same page.”*

#### On orientation:

- A longer, more comprehensive orientation to the facility is needed. It should include all departments, stress teamwork, span a longer period of time and be conducted by someone with expertise.  
*“Make sure new hires are given the full three days of orientation on each floor. Don't pull them to place them in other areas that are short on staff. Train Lead Aides how to teach others.”*

#### On continuing education:

- In-services need to be scheduled so all shifts have the opportunity to attend. (Attending training is difficult due to schedules and time limitations).

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# RESOURCES & EVENTS

## Creating Nursing Career Lattices

The Council for Adult and Experiential Learning (CAEL) recently released a guidebook that assists health care employers, workforce investment boards and industry alliances in implementing a nursing career lattice program. The guidebook, *How Career Lattices Help Solve Nursing and Other Workforce Shortages in Healthcare*, is based upon CAEL's success piloting its nursing career lattice model.

The nursing career lattice program was piloted in five sites across the country. It addresses the national nursing shortage by offering a unique education and training program for certified nursing assistants (CNAs),

licensed practical nurses (LPNs) and registered nurses (RNs). The program helps both incumbent and newly hired workers to enter and advance in healthcare careers, allowing them to "earn while they learn" in a competency-based apprenticeship.

The guidebook is available to help others replicate the program. It introduces the key components of the model, shares important lessons from CAEL's experience and outlines steps for planning, implementation and ongoing success. A free PDF copy of the 161-page guidebook is available from [www.cael.org/healthcare.htm](http://www.cael.org/healthcare.htm). You can also download the guidebook by section.

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- Include in-services on teamwork and improved communication and more training on dealing with the evolving care needs of residents.

*"Talk about the resident's well-being and teamwork."*

*"More refresher courses. Update on new equipment, new drugs, new procedures. Communicate with the STNA [state-tested nursing assistant] about these things as well as the nurse..."*

- Use in-services to teach respect for both co-workers and residents.

*"... I think the respect for the elderly should be covered more. Dealing with dementia people covered more. Teamwork."*

*"... there's not enough attention and tenderness in hands-on care of the elderly."*

## Next Steps

The next steps for the Benjamin Rose team will be to finish recruiting the direct care workers and supervisors so they can complete the survey sample.

The team will be working on data analysis from October 2005 through early 2006. Their

final report is scheduled to be released in early spring 2006.

Farida Ejaz, the project's principal investigator, stressed the importance of this research for direct care staff. "Training is the foundation

“ ...Spend time learning how to handle situations involving mental health issues. More consistency with training is needed so that when people come together to work they are all on the same page. ”

on which good job performance rests, and our project team is fully committed to identifying specific ways to improve the education and training of direct care staff and their supervisors," she says. Dr. Noelker, the co-principal investigator, believes that "it is unfair to these workers to give them responsibility for quality care if they are not adequately prepared to discharge this responsibility."

For more information about the Benjamin Rose BJBC project, contact Farida Ejaz at [fejazz@benrose.org](mailto:fejazz@benrose.org) or Linda Noelker at [lnoecker@benrose.org](mailto:lnoecker@benrose.org).




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call on ads in the paper and go and do interviews because you don't know what you're walking into. You have no clue," she says. "It's a lot better to be referred, and to have the client also know about you before you go in there."

Bornkamp says she went through a criminal background check and other screenings before being added to the state's registry. All individual providers must also complete a three-hour training prior to being listed on the registry.

Consumer-employers who want to use the registry also go through a screening process to verify that they are able to pay for services. Once approved, they receive an ID and password. Online, they list their preferences for a caregiver—hours they would like someone to work, specific caregiving skills, personal interests, cooking abilities and so on. Bornkamp notes that "they get down to the nitty-gritty": Do they like nonsmokers or smokers? Do they need someone who is comfortable with pets? Is the worker okay with the consumer wearing perfume? All of these things, from critical skills to the most mundane likes and dislikes, can influence the outcome of a support relationship.



“As a result of better working conditions, turnover has decreased, and what had once been a side job for many people is now a full-time occupation.”

Because the state screens potential employees, consumer-employers who use the registry don't have to, says Patrick Farrell, a disabled veteran and a member of the HCQA board. This makes finding a personal assistant faster and easier. Farrell notes that a consumer's need for care may be too urgent for them to check references. When "they have to take anybody that comes into their home at face value, it puts our already vulnerable people in further danger," says Farrell.

In California, the San Francisco In-Home Support Services Public Authority has devel-

oped a similar registry model. Here, however, consumers do not have direct access to the database. A consumer calls the registry office and completes a short interview with a placement coordinator. The coordinator then searches the database and sends the consumer a list of six to nine potential personal assistants, all of whom have been previously screened. The consumer is then responsible for interviewing and hiring the person(s) most appropriate for the job.

Project coordinator Luis Calderon says the authority's referral registry is bulging with providers. "We have more than we know what to do with," he says. The registry used to average about 200 providers, but with the increase in wages (workers now receive \$10.28 per hour, plus medical and dental benefits) that resulted from union bargaining, the registry now has 350 to 400 available workers. As a result of better working conditions, turnover has decreased, and what had once been a side job for many people is now a full-time occupation, Calderon says. Workers are now more committed to their jobs, he notes, which greatly benefits consumers who can access qualified caregivers more easily.

### Other Efforts Underway

On the opposite coast, a nonprofit organization in Massachusetts began an effort several years ago to link private home care agencies with people looking for work. The organization, Rewarding Work Resources, Inc., receives a mix of public and private funding, including fees from the employers who use the group's Web site.

Two years ago, Rewarding Work began listing individual providers on its online referral database with help from the Center for Health Policy and Research at the University of Massachusetts Medical Center. About 8,000 people have applied for jobs on Rewarding Work's registry, and about 200 consumer-employers now use the Web site to find personal assistants, says Elenore Parker. Parker is a marketing professional who helped the Massachusetts Department of Mental Retardation, one of Rewarding Work's part-

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ners, recruit agencies for the registry.

Unlike the registries in Washington and California, workers do not go through a screening process to be listed at Rewarding Work. That is left to the employer.

Massachusetts workers who want to be listed on the program's database can call or simply fill out an application and questionnaire online. The questionnaire allows employers to search the database and determine whether

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the applicant fits their needs and preferences. Workers can also search for current job openings in agencies in their communities.

Through its database, Rewarding Work has successfully increased the pool of workers available to provide support services. Provider agencies have stayed with Rewarding Work despite budget difficulties tied to shortfalls in state aid, Parker says. “Enough of the agencies stayed on, because they found that this was an easier way to get talented applicants,” she says. “They wanted to be a part of it, and they also said, ‘this is saving us money.’ They no longer had to advertise to the extent that they were before.”

Darlene O'Connor, director of the Long Term Care Policy Unit at the University of Massachusetts Center for Health Policy and Research points out that “it's exactly like [the online job board] *Monster.com*, but for individual employers.”

O'Connor helped Rewarding Work add individual providers to its database, after surveys indicated that seniors wanted to be able to hire their own caregivers directly. Consumer satisfaction has increased, O'Connor notes. Although no one involved in Rewarding Work has done a similar survey of workers' rates of

satisfaction, “letting consumers pick their own caregivers expands the pool of employers,” O'Connor says.

Rewarding Work is also expanding into Connecticut and New Jersey. In New Jersey, where a database was established in March, 55 agencies have signed up to be included; 600 workers have responded by phone, and 407 by Web page as of the end of June, says Ed Heaton, program administrator for the Division of Disability Services. “We are in the process of tallying how many workers have been hired from those 1,007 inquiries,” Heaton says.

Web-based databases like Rewarding Work and the West Coast registries can provide consumers with a range of options for choosing support workers, while also providing people who need jobs direct access to meaningful work in their communities. Their success in expanding the pool of direct-care workers and improving the quality of support relationships suggests that they are a tool worth exploring as states shift more resources toward home and community-based care.

For more information about the programs listed, visit these Web sites:

- Iowa Caregivers Association – [www.iowacaregivers.org](http://www.iowacaregivers.org)
- Washington Home Care Quality Authority – [www.bcqa.wa.gov/default.htm](http://www.bcqa.wa.gov/default.htm)
- San Francisco In-Home Support Services Public Authority – [www.sfibsspa.org](http://www.sfibsspa.org)
- Massachusetts Rewarding Work – [www.rewardingwork.org](http://www.rewardingwork.org)

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John Leonard, a former editor with HCPro, Inc., is a freelance writer working with the Paraprofessional Healthcare Institute.

### Correction

An article about Cornell University's BJBC research project that appeared in the last Insights (#7 - Summer 2005) failed to identify one of the major partners of the project. The Foundation for Long Term Care is a key collaborator with Cornell on this research grant. While it is affiliated with the New York Association of Homes and Services for the Aging, an AAHSA state partner, the foundation is a separate entity.



## Farewell to Jim Bernstein: A Tribute

As noted in the last issue of *Insights*, Jim Bernstein died June 12, 2005. As president of the North Carolina Foundation for Advanced Health Programs (NC-FAHP), Jim was the senior advisor to the Better Jobs Better Care (BJBC) demonstration program in North Carolina. In keeping with a lifetime of creative problem-solving, Jim provided the leadership to launch this ground-breaking program designed to improve the retention of direct care workers.

BJBC was one of numerous programs Jim spearheaded. All of them helped to reach his life's

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goal – to ensure people in rural and medically underserved communities have equitable access to quality health services. As Sen. Richard Burr of North Carolina noted in a tribute, “Jim Bernstein’s work ended as it began – in selfless service to underserved communities in need.”

After graduating from Johns Hopkins University, Jim had a two-year stint with the Peace Corps in Morocco, where he met and married his wife and life partner, Susan Dill. After receiving his masters degree in hospital administration from the University of Michigan in 1972, he became director of the Indian Health Service for northern New Mexico. Shortly after that, he won a three-year fellowship in the U.S. Public Health Service and moved to North Carolina to study rural health care issues. While still in his 20s, Jim was chosen as the director of North Carolina’s Office of Rural Health, the first in the country. Over the next 30 years, he oversaw the creation of 80 community-based rural health centers and 20 critical rural access hospitals.

He also set up systems to recruit over 1,800 primary health professionals to staff these centers. At his memorial service, Alan Dobson, one of the physicians Jim recruited, recalled being called directly by a high-level state official. Jim believed in using a personal approach to persuade new graduates to practice in small towns. Dobson subsequently moved to Mt. Pleasant, N.C. (pop. 1,000) — the kind of place where you can do medical rounds at Food Lion.

Jim didn’t limit his sights to North Carolina. He was a national leader in rural and primary care access. For eight years, he directed the Robert Wood Johnson Foundation’s Practice Sights national program office through NC-FAHP. The \$16 million grant program strengthened state efforts to recruit and retain primary care physicians and mid-level providers, and develop and sustain practice sites in underserved areas. The program helped to expand the scope of practice for mid-level practitioners to increase the services they could offer. During the program, recruitment centers in 10 states placed nearly 900 providers in underserved areas, with the help of special software created by the national program office that allowed states to match interested providers with communities in need.

To Jim, numbers told an important story. He derived great satisfaction in seeing a county’s infant mortality rate drop from among the highest in the state to close to the state average. Numbers were the stories of people’s lives and Jim helped save thousands of them.

Memorial contributions may be made to the NC Foundation for Advanced Health Programs, Inc., Attention: Jim Bernstein Community Health Leadership Fund, P.O. Box 10245, Raleigh, NC 27605.